

**Kentucky Behavioral Risk Factor
Surveillance System (BRFSS)**



Data Request Form

Name: _____

Organization : _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-mail: _____

Telephone #: _____ Fax # : _____

Year(s) of data requested: _____

Topic(s) of data requested: _____

How will data be used: _____

Date data request should be completed _____

If you are producing a report, please send a copy of all printed and published materials using Kentucky BRFSS data to the address listed below.

Please mail or fax this form to:

Kentucky BRFSS Coordinator
Surveillance and Health Data Branch
Kentucky Department for Public Health HS2C-B
275 East Main St.
Frankfort, KY 40621

Phone # (502)- 564-3418 Fax # (502) 564-0542

